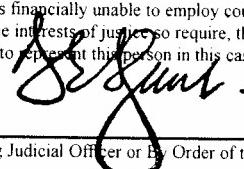


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED <b>LUIS VILLAFANE</b>			VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER <b>11-2506(DEA)</b>		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE MATTER OF ( <i>Case Name</i> ) <b>US v. LUIS VILLAFANE</b>		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list up to five) major offenses charged, according to severity of offense. <b>18: 1791 - Contraband In Prison - Marijuana</b>							
12. ATTORNEY'S NAME ( <i>First Name, M.I., Last Name, including any suffix</i> ). AND MAILING ADDRESS <b>CHARLES WALDRON 3131 PRINCETON PIKE BUILDING 3D, SUITE 200 LAWRENCEVILLE, NJ 08648</b> Telephone Number: <b>(609) 896-2660</b>			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel				
			Prior Attorney's Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)   Signature of Presiding Judicial Officer or By Order of the Court				
			14. NAME AND MAILING ADDRESS OF LAW FIRM ( <i>Only provide per instructions</i> )  <b>3/1/2011</b> Date of Order      Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO				
<b>CLAIM FOR SERVICES AND EXPENSES</b>			<b>FOR COURT USE ONLY</b>				
CATEGORIES ( <i>Attach itemization of services with dates</i> )			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW
<b>In</b>	a. Arraignment and/or Plea						
	b. Bail and Detention Hearings						
	c. Motion Hearings						
	d. Trial						
	e. Sentencing Hearings						
	f. Revocation Hearings						
	g. Appeals Court						
	h. Other ( <i>Specify on additional sheets</i> )						
(RATE PER HOUR = \$ ) TOTALS:							
<b>Out of</b>	a. Interviews and Conferences						
	b. Obtaining and reviewing records						
	c. Legal research and brief writing						
	d. Travel time						
	e. Investigative and other work ( <i>Specify on additional sheets</i> )						
	(RATE PER HOUR = \$ ) TOTALS:						
17.	Travel Expenses ( <i>lodging, parking, meals, mileage, etc.</i> )						
18.	Other Expenses ( <i>other than expert, transcripts, etc.</i> )						
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			21. CASE DISPOSITION	
22. CLAIM STATUS		<input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number				<input type="checkbox"/> Supplemental Payment	
Have you previously applied to the court for compensation and/or reimbursement for this Other than from the Court, have you, or to your knowledge has anyone else, received payment ( <i>compensation or anything of value</i> ) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO      If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO							
I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____							
<b>APPROVED FOR PAYMENT — COURT USE ONLY</b>							
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE/MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED			
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE		34a. JUDGE CODE		